

REMARKS

The non-final Office Action of June 13, 2007 has been reviewed and the comments therein were carefully considered. Claims 1-48 are currently pending. Claims 1-11 and 27-38 have been withdrawn from consideration. By this response, claims 12, 21, 24 and 39 have been amended. The new claims are supported at least by FIG. 10 and paragraphs 52, 58 and 59 of the application as originally filed, and no new matter has been added.

Claim Rejections Under 35 USC §112

Claims 12 and 21 were rejected under 35 USC §112, first paragraph, for containing new subject matter. This rejection is respectfully traversed. The Office Action rejection contends the following:

The specification does not describe a negative limitation that eliminates needing a patient's input. For example, the portion of the specification pointed to by Applicant for support to the added material, states receiving preferences of the patient and that these preferences are manually provided to the appointment scheduling module (paragraph 53 of Specification).

In fact, the amendments only eliminate needing contemporaneous input from a patient. This amendment is indeed supported by paragraph 53 of the specification as originally filed, which states the following:

[P]references 837 could be manually provided into the appointment scheduling module 830 or could be provided as needed via the computing network 135. The scheduling preferences 837 would be accessed each time the scheduling algorithm 832 was enabled in order to initiate the automated scheduling task.

Paragraph 53 of the specification thus discloses that the scheduling preferences 837 could be provided by the computing network 135 instead of a person, thus not requiring contemporaneous input from a patient. Furthermore, even if the preferences 837 were manually provided, it would not occur at the time that the scheduling algorithm 832 accesses the preferences 837 because the scheduling algorithm 832 accesses the scheduling preferences 837 once it is enabled since the scheduling task is automated. A need for receiving contemporaneous patient input during the task would prevent the scheduling task from being automated.

Therefore, paragraph 53 of the specification as originally filed does provide support for the amendment to exclude contemporaneous input from the patient in the embodiments recited in claims 12 and 21. Accordingly, Applicant respectfully requests reconsideration and withdrawal of the rejection.

Claim Rejections Under 35 USC §103

Claims 12-15, 17-26, 39-41, and 44-46 were rejected under 35 USC §103(a) as being unpatentable over Lebel, et al., U.S. Publication No. 2002/0016568 A1 ("Lebel"), in view of Garcia, U.S. patent No. 6,088,429 ("Garcia"). The Applicant respectfully traverses the rejection. Claim 12 has been amended to clarify that the drug scheduling module initiates the appointment scheduling module to schedule an appointment. The amendment to claim 12 is supported at least by FIG. 10, which shows the interconnection of the appointment scheduling module 830 and the drug scheduling module 115. Also, paragraph 52 of the specification as originally filed states: "Still referring to FIG. 10, the drug schedule module 115 includes a drug management algorithm that serves to forecast when the next refill of the pump reservoir is required. The drug management algorithm schedules a refill." Thus, in an embodiment, the drug scheduling module both determines when the pump requires a refill and initiates the scheduling of the appointment by the appointment scheduling module.

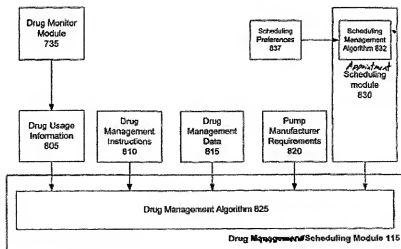


FIGURE 10

Neither Lebel nor Garcia discloses a drug scheduling module that initiates an appointment scheduling module to schedule an appointment, as recited in amended claim 12. Lebel is directed to an implantable medical device that alerts a patient when the medication has become depleted. Paragraph 179 of Lebel discloses that “[t]he external communication device is programmed to alarm when the medication remaining becomes less than a predefined low-reservoir threshold.” and that “the alarm will be reasserted so as to provide the user with a reminder to have the reservoir refilled.” Thus, when the medication runs low in the device of Lebel, an alarm is sounded to prompt the user to take action to have the reservoir refilled. Garcia is directed to an interactive system for managing medication data. Similar to Lebel, the system of Garcia requires a patient to initiate the scheduling of an appointment and does not remedy the deficiencies of Lebel with respect to claim 12. “[T]he patient may receive a menu and provide a menu selection to the system indicating a preferred appointment time for the patient. The system can then automatically schedule an appointment for the patient on the host system based on the menu selection.” (Col. 6, lines 20-24 of Garcia). The system of Garcia thus requires a patient to request a specific appointment.

Independent claim 21 has been amended to clarify “the scheduling module configured to decide whether an appointment is required, and the scheduling module configured to activate the telemetry module to schedule an appointment.” The amendment to claim 21 is supported at least by paragraphs 58 and 59 of the specification as originally filed. Paragraph 58 discloses that “[t]he appointment scheduling module 830 utilizes a scheduling management algorithm 832 to determine whether or not the pump needs to be refilled or serviced.” Paragraph 59 states that “[i]f the scheduling management algorithm 832 determines that an appointment is required, at step 910, the scheduling module 830 schedules an appointment.” Neither Lebel nor Garcia discloses a scheduling module configured to decide whether an appointment is required and configured to contact via the telemetry module an entity to schedule an appointment, as recited in amended claim 21. As discussed above, Lebel teaches an external device that sounds an alarm to remind the patient to schedule an appointment and the system of Garcia only schedules an appointment following a patient request. Combining the features of Garcia with Lebel would not result in the embodiments recited in amended claims 12 or 21 because patient interaction would

still be required to schedule the appointment. Claims 13-15, 17-20 and 39-41 depend from claim 12 and claims 22-26 and 44-46 depend from claim 21, and are patentable over Lebel in view of Garcia for at least the same reasons as claims 12 and 21 and for the additional features recited therein.

Claim 16 was rejected under 35 USC §103(a) as being unpatentable over Lebel in view of Garcia, and further in view of Akers, et al., U.S. Patent No. 6,112,182 ("Akers"). Claim 16 depends from claim 12. Akers is directed to a data processing system for use in managing healthcare and does not remedy the deficiencies of Lebel and Garcia with respect to claim 12. Therefore claim 16 is patentable over Lebel in view of Garcia and further in view of Akers for at least the same reasons as claim 12, and for the additional features recited therein.

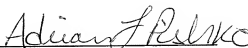
Claims 42-43 and 47-48 were rejected under 35 USC §103(a) as being unpatentable over Lebel in view of Garcia, and further in view of Cummings, Jr., et al., U.S. Patent No. 6,345,260 ("Cummings, Jr."). Claims 42-42 depend from claim 12 and claims 47-48 depend from claim 21. Cummings, Jr. is directed to an appointment scheduling interface for booking appointments with professionals. (See Col. 1, lines 13-16 of Cummings, Jr.) Cummings, Jr. does not remedy the deficiencies of Lebel and Garcia with respect to claim 21. Accordingly, reconsideration and withdrawal of the 35 USC §103(a) rejections are respectfully requested.

CONCLUSION

Applicants therefore respectfully request reconsideration of the pending claims and a finding of their allowability. A notice to this effect is respectfully requested. The Examiner is welcome to contact via telephone the undersigned should it be helpful to facilitate prosecution of the application.

Respectfully submitted,

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